| Revision:                            | HCFA-PM-91-4<br>AUGUST 1991 | (BPD)              |                      |                            | OMB No.: 0938-  |
|--------------------------------------|-----------------------------|--------------------|----------------------|----------------------------|---|
|                                      | State/Territory:            |                    | GEOR                 | GIA                        |   |
| Citation<br>42 CFR 447<br>through 44 | 7.51                        | <u>Reci</u><br>(a) | Unle<br>appl<br>copa | ess a w<br>ies, d          | Sharing and Similar Charges  Taiver under 42 CFR 431.55(g)  The deductibles, coinsurance rates, and  The do not exceed the maximum allowable der 42 CFR 447.54.                       |
| 1916(a) an<br>of the Act             | - • - •                     | (b)                | and<br>cove<br>Medi  | (6) be<br>red as<br>care b | specified in items 4.18(b)(4), (5),<br>low, with respect to individuals<br>categorically needy or as qualified<br>peneficiaries (as defined in section<br>of the Act) under the plan: |
|                                      |                             |                    | (1)                  |                            | rollment fee, premium, or similar e is imposed under the plan.  |
|                                      |                             | / <u>x</u> /       | (2)                  | SIMIT                      | ductible, coinsurance, copayment, or ar charge is imposed under the plan he following:  |
|                                      |                             |                    |                      | (i)                        | Services to individuals under age 18, or under  |
|                                      |                             |                    |                      |                            | Age 19  |
|                                      |                             |                    |                      |                            | Age 20  |
|                                      |                             |                    |                      |                            | Age 21  |
|                                      |                             |                    |                      |                            | Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.  |
|                                      |                             |                    |                      | (ii)                       | Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.   |
|                                      |                             |                    |                      |                            |   |

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7-1-93

\_ Effective Date \_\_

TN No. 93-29 Supersedes TN No. 91-31 'Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 State/Territory: **GEORGIA** Citation 4.18(b)(2) (Continued) 42 CFR 447.51 (iii) All services furnished to through pregnant women. 447.58 [ ] Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy. (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs. (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4). (vi) Family planning services and supplies furnished to individuals of childbearing age. Services furnished by a health (vii) maintenance organization in which the individual is enrolled. 1916 of the Act, (viii) Services furnished to an P.L. 99-P.L. 99-272 individual receiving hospice (Section 9505) care, as defined in section 1905(o) of the Act.

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|                                 |                             |           |      | 56                      |   |
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| Revision:                       | HCFA-PM-91-4<br>AUGUST 1991 | (BPD)     |      |                         | OMB No.: 0938-  |
|                                 | State/Territory             | ·         | GEO  | RG IA                   |   |
| Citation                        | 4.1                         | 8 (b) (Co | ntin | ued)                    |   |
| 42 CFR 447<br>through<br>447.48 | .51                         |           | (3)  | appli<br>copay<br>for s | s a waiver under 42 CFR 431.55(g) es, nominal deductible, coinsurance, ment, or similar charges are imposed ervices that are not excluded from charges under item (b)(2) above. |
|                                 |                             |           |      |                         | Not applicable. No such charges are imposed.  |
|                                 |                             |           |      | (i)                     | For any service, no more than one type of charge is imposed.  |
|                                 |                             |           |      | (ii)                    | Charges apply to services furnished to the following age groups:  |
|                                 |                             |           |      |                         | 18 or older   |
|                                 |                             |           |      |                         | 19 or older   |
|                                 |                             |           |      |                         | [] 20 or older  |
|                                 | •                           |           |      |                         | X 21 or older   |
|                                 |                             |           |      |                         | Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.                       |
|                                 |                             |           |      |                         |   |
|                                 |                             |           |      |                         |   |
|                                 |                             |           |      |                         |   |
|                                 |                             |           |      |                         |   |
|                                 |                             |           |      |                         |   |
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|                                 |                             |           |      |                         |   |

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State/Territory: \_\_\_\_

GEORGIA

Citation

4.18(b)(3) (Continued)

42 CFR 447.51 through 447.58 (iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- Nature of the charge imposed on each service;
- Amount(s) of and basis for (C) determining the charge(s);
- (D) Method used to collect the charge(s);
- Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
  - X Not applicable. is no maximum.

| TN No93-29 |               | 3-10-94 |                  | 7 1 02 |
|------------|---------------|---------|------------------|--------|
| Supersedes | Approval Date | J-10-94 | Effective Date _ | 7-1-93 |
| TN No91-31 |               |         | _                |        |

56b OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 GEORGIA State/Territory: \_ Citation 4.18(b)(4) [ ] A monthly premium is imposed on pregnant 1916(c) of women and infants who are covered under the Act section 1902(a)(10)(A)(ii)(IX) of the Act ' and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 4.18(b)(5) [ ] For families receiving extended benefits 1902(a)(52) during a second 6-month period under and 1925(b) section 1925 of the Act, a monthly of the Act premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 4.18(b)(6) [ ] A monthly premium, set on a sliding 1916(d) of the Act scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent

(but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses

for determining the premium.

TN No. 93-29
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TN No. 91-31

TO No. 91-31

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| Revision:              | HCFA-PM-9<br>AUGUST 19 |            | PD)            |                | OMB No.: 0938-   |
|------------------------|------------------------|------------|----------------|----------------|--|
|                        | State/Ter              | ritory:    |                | GEORGIA        |  |
| Citation               |                        |            |                |                |  |
| 42 CFR 44<br>through 4 |                        | 4.18(c     | ) [ <u>X</u> ] | Individunder t | duals are covered as medically needy the plan.   |
|                        |                        |            | (1)            |                | An enrollment fee, premium or similar charge is imposed. <u>ATTACHMENT 4.18-F</u> specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge. |
| 447.51 th<br>447.58    | nrough                 |            | (2)            |                | No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:  |
|                        |                        |            |                |                | <ul><li>(i) Services to individuals under<br/>age 18, or under</li></ul>   |
|                        |                        |            |                |                | Age 19   |
|                        |                        |            |                |                | [] Age 20<br>  |
|                        |                        |            |                |                | X Age 21   |
|                        |                        |            |                |                | Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:  |
|                        |                        |            |                |                |  |
|                        |                        |            |                |                |  |
|                        |                        |            |                |                |  |
| TN No9                 | 3-29                   |            |                | 3-10-9         | 4 7-1-93   |
| Supersede<br>TN No9    | S<br>21-31             | pproval Da | ate            |                | Effective Date   |

|                                     |                   |           |        | 50      | <b>-</b>  |
|-------------------------------------|-------------------|-----------|--------|---------|---|
| Revision:                           | HCFA-PM<br>AUGUST |           | (BPD)  |         | OMB No.: 0938-  |
| •                                   | State/T           | erritory: |        | GEOR    | GIA   |
| <u>Citation</u>                     |                   | 4.18      | (c)(2) | (Contin | ued)  |
| 42 CFR 447<br>through<br>447.58     | .51               |           |        | (ii)    | Services to pregnant women related to<br>the pregnancy or any other medical<br>condition that may complicate the<br>pregnancy.  |
|                                     |                   |           |        | (iii)   | All services furnished to pregnant women.   |
|                                     |                   |           |        |         | Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.  |
|                                     |                   |           |        | (iv)    | Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his income required for personal needs. |
|                                     |                   |           |        | (v)     | Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).  |
|                                     |                   |           |        | (vi)    | Family planning services and supplies furnished to individuals of childbearing age.   |
| 1916 of the P.L. 99-273 (Section 95 | 2                 |           |        | (vii)   | Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.   |
| 447.51 thro<br>447.58               | ough              |           |        | (viii)  | Services provided by a health maintenance organization (HMO) to enrolled individuals.   |
|                                     |                   |           |        |         | [X] Not applicable. No such charges are imposed.  |
| Supersedes                          | 3-29              | Approval  | Date _ | 3-10-   | Effective Date 7-1-93   |

| Revision:       | HCFA-PM-91-4<br>AUGUST 1991 | (BPD)      |                                  |   | OMB No.                                 | .: 0938-                                 |
|-----------------|-----------------------------|------------|----------------------------------|---|---|--|
| ,               | State/Territo               | ry:        | GEORG                            | [A  |   | _  |
| <u>Citation</u> | 4                           | .18(c)(3)  | finless s                        | waiver under  | 42 CED 43                               | 1 55 (g)                                 |
|                 | •                           | .10(0)(3)  | applies,<br>copaymen<br>services | nominal dedu<br>it, or similar<br>that are not<br>under item (b | ctible, coi<br>charges ar<br>excluded i | insurance,<br>re imposed on<br>from such |
|                 |                             |            |                                  | ot applicable.<br>mposed.                                       | No such o                               | charges are                              |
|                 |                             |            |                                  | or any service<br>charge is im                                  |   | than one type                            |
|                 |                             |            |                                  | arges apply to<br>be following a                                |   | furnished to                             |
|                 |                             |            |                                  | ] 18 or olde:   | r                                       |  |
|                 |                             |            | 二                                | 19 or olde:   | r                                       |  |
|                 |                             |            | [                                | 20 or olde  | r                                       |  |
|                 |                             |            | [_                               | 21 or olde  | r                                       |  |
|                 |                             |            | wh<br>to                         | asonable cate<br>to are 18 year<br>whom charges<br>applicable:  | s of age, h                             | out under 21,                            |
| ,               |                             |            |                                  |   |   |  |
|                 |                             |            |                                  |   |   |  |
|                 |                             |            |                                  |   |   |  |
|                 |                             |            |                                  |   |   |  |
|                 |                             |            |                                  |   |   |  |
|                 |                             |            |                                  |   |   |  |
| TN No.          | 93-29<br>Appro              | val Date _ | 3-10-94                          | Effective   | ve Date                                 | 7-1-93                                   |
| TN No.          | 91-31                       |            |                                  |   |   |  |

56f OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 GEORGIA State/Territory: \_\_ Citation 4.18(c)(3) (Continued) For the medically needy, and other optional groups, <a href="https://doi.org/10.1007/j.j.gov/">ATTACHMENT 4.18-C</a> 447.51 through (iii) 447.58 specifies the: Service(s) for which charge(s) is applied; (B) Nature of the charge imposed on each service; (C) Amount(s) of and basis for determining the charge(s); (D) Method used to collect the charge(s); Basis for determining whether an (E) individual is unable to pay the charge(s) and the means by which such an individual is identified to providers; (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time

| TN No. 93-29   |               | 2 10 04 |                | 7 1 02 |
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| Supersedes     | Approval Date | 3-10-94 | Effective Date | 7-1-93 |
| TN No. $91-31$ |               |         |                |        |

period.

maximum.

X Not applicable. There is no